

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY**

FINLEY FENTON

\_\_\_\_\_

\_\_\_\_\_

U.S. DISTRICT COURT  
DISTRICT OF NEW JERSEY  
RECEIVED

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*(In the space above enter the full name(s) of the plaintiff(s).)*

**- against -**

U.S. SECURITY ASSOCIATES, INC. AND

JOHN DOES 1-10

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLAINT**

Jury Trial: ☒ Yes ☐ No

(check one)

*(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)*

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	<u>FINLEY FENTON</u>
	Street Address	<u>110 Chestnut Ridge Rd. #104</u>
	County, City	<u>Bergen , Montvale</u>
	State & Zip Code	<u>New Jersey 07645</u>
	Telephone Number	<u>201-588-3737</u>

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1                      Name U.S. SECURITY ASSOCIATES, INC. ("USSA")  
    Street Address 333 Meadowlands Parkway, Suite D  
    County, City Hudson, Secaucus  
    State & Zip Code New Jersey 07094

Defendant No. 2                      Name JOHN DOES 1-10  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 3                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

Defendant No. 4                      Name \_\_\_\_\_  
    Street Address \_\_\_\_\_  
    County, City \_\_\_\_\_  
    State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. There are four types of cases that can be heard in federal court: 1) Federal Question - Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case; 2) Diversity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case; 3) U.S. Government Plaintiff; and 4) U.S. Government Defendant.

- A. What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal Questions                      ☐ Diversity of Citizenship  
☐ U.S. Government Plaintiff                      ☐ U.S. Government Defendant

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? 29 U.S.C. Sec. 216(b)

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? USSA Secaucus, New Jersey Branch  
333 Meadowlands Parkway, Suite D Secaucus, New Jersey 07094

B. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_  
Pay period 3/10/2017- 3/16/2017 for pay date 3/24/2017 and over forty plus other times  
in 2016 and 2017 not being used in this complaint.

What  
happened  
to you?

C. Facts: Defendants have failed to pay Plaintiff overtime at one and one half times the regular hourly rate.

Plaintiff was employed by defendants as an armed guard from apx. 2/27/2015 to 10/27/2016 at a pay rate of \$18.00. Plaintiff was promoted to site supervisor starting 10/28/2016 to 6/19/17 when he was informed of being removed from site by supervisor Maichel Salib and was paid at the rate of \$20.00.

Who did  
what?

As the site supervisor the plaintiff submitted the sites weekly payroll records for 3/10/2017 - 3/16/2017 by email on 3/17/2017 to supervisor Maichel Salib. USSA supervisor/ operations manager Maichel Salib or a John Doe falsified the plaintiffs regular and overtime rates for the pay period.

Was  
anyone  
else  
involved?

The regular pay rate of \$20.00 was reduced by \$2.00 for 9.50 hours. The overtime rate of \$30.00 was reduced by \$00.19 for 9.50 hours. As previously mentioned falsified payrate changes occurred more than forty times throughout 2016 and 2017.

Who else  
saw what  
happened?

Discovery will provide who made the pay rate changes, event occurrences, other guards effected with payroll records and lack of site profits because of overtime through an analysis of the site contract.

**IV. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Not applicable

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

(a) declaring that the acts and practices complained of herein are in violation of the FLSA;

(b) declaring that the acts and practices complained of herein are willful violations within the meaning of 29 U.S.C. Sec. 255(a);

(c) enjoining and restraining permanently the violations alleged herein, pursuant to 29 U.S.C. Sec. 217;

(d) directing defendants to make plaintiff whole for all unpaid overtime wages the date(s) such wages were due but unpaid;

e) directing defendants to pay plaintiff an additional amount of liquidated damages as provided for in 29 U.S.C. Sec. 216(b);

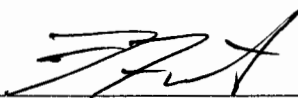
(f) awarding plaintiff the costs of this action together with reasonable attorneys' fees, as provided in 29 U.S.C. Sec. 216(b); and

(g) granting such other and further relief as this Court deems necessary and proper.

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 21 day of December, 20 17.

Signature of Plaintiff



Mailing Address 110 CHESTNUT RIDGE RD. #104  
Montvale, NJ 07645

Telephone Number 201-588-3737

Fax Number (if you have one) \_\_\_\_\_

E-mail Address ussalawsuit@maichelsaliblies.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint.

Signature of Plaintiff:

